

**Voluntary Statement:**

Full Name: (Please Print Name):		D.O.B (mm/dd/yyyy)	
Mrs. M. Ms.		4/9/56	
Address:			
463 EAST 56 ST			
City:			
BROOKLYN NY			
Country:			
USA			
State/Province:			
NY			
ZIP:		Email:	
11203		BUTLER3@verizon.net	
Phone Number/s:		Date:	
718 629-1213 - 917 584-9432		(mm/dd/yyyy) 9/18/13	
Work Address:		Job Title:	
(Associate Department):		DOE 5400 TILDEN AVE REGISTERED NURSE	
To the best of your ability, describe the incident. Please include all information.			

I got up to walk to the bathroom. I slipped and fell in water near the bathroom door. There was a leaking air AC vent in the room.

I have reviewed this statement and believe it is true and accurate to the best of my recollection.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Associate:

Guest:

witness:

Other:

Witness:  
Loss Prevention

Report code:  
(office use only):

\*  
13-0097

If this statement continues please specify the total at the end. Copy 1 of 1